

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
SOUTHERN DIVISION**

**ASD SPECIALTY HEALTHCARE, INC. d/b/a)
ONCOLOGY SUPPLY COMPANY,)**

Plaintiff,)

v.)

**CIVIL ACTION NO.
1:05-cv-591-MEF**

**ONCOLOGY HEMATOLOGY CENTERS OF)
ATLANTA, P.C. and LLOYD G. GEDDES,)**

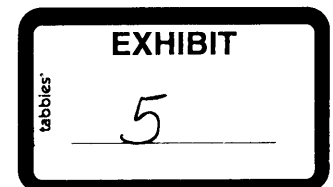
Defendants.)

**PLAINTIFF'S FIRST SET OF REQUESTS FOR ADMISSIONS
ADDRESSED TO DEFENDANTS ONCOLOGY AND HEMATOLOGY
CENTERS OF ATLANTA AND LLOYD G. GEDDES**

TO: Raquel Gayle,
Registered Agent for OHCA
Powell Goldstein
1201 West Peachtree Street
14th Floor
Atlanta, GA 30309

Lloyd G. Geddes, Jr. MD
Oncology Hematology Centers of Atlanta, P.C.
465 Winn Way, Suite 231
Decatur, Georgia 30030

Pursuant to Rule 36 of the Federal Rules of Civil Procedure, the Plaintiff, by and through its undersigned attorney, directs the following requests for admissions to the Defendants, Oncology and Hematology Centers of Atlanta and Lloyd G. Geddes (collective, the "Defendants"). Pursuant to the Federal Rules of Civil Procedure, you are hereby notified to provide written answers under oath to the following Requests. Your answers must be filed within thirty (30) days after the service of these Requests upon you. Failure to file answers will result in each Request being admitted. Your answers shall admit or deny the matter or set forth



in detail reasons why you cannot truthfully do so. A denial shall fairly meet the substance of the requested admission. If you must qualify an answer or deny only part of the matter of which an admission is requested, you shall specify so much of it as true and qualify or deny the remainder. You may not give lack of information or knowledge as a reason for failure to admit or deny unless it is stated that reasonably inquiry has been made and that the information known to you or readily obtainable by you is not sufficient to enable you to admit or deny.

I. DEFINITIONS

A. As used in these Requests, the following terms shall have the meaning set forth below:

B. “Plaintiff” or “ASD” means the Plaintiff, ASD Specialty Healthcare, Inc., d/b/a Oncology Supply Company, and its predecessors-in-interest, and any officers, partners, agents, representatives, and/or employees of any of them.

C. “Geddes” means Lloyd G. Geddes, and his agents, representatives, and/or employees.

D. “OHCA” shall mean Oncology and Hematology Centers of Atlanta, its shareholders, officers, directors, employees, agents, owners, managers, attorneys, and/or representatives.

E. “You” or “your” means Geddes and/or OHCA and/or any other party responding to these Requests.

F. “Defendants” shall mean OHCA, Geddes, and/or either of them.

G. “The Action” shall mean the above-captioned action in which a complaint was filed against the Defendants.

H. “The Complaint” shall mean the Complaint filed on or about June 22, 2005, at the above-captioned docket number.

I. "The Answer" shall mean the answer to the Complaint, filed by the Defendants on or about July 15, 2005.

J. "The Interrogatories" shall mean the Plaintiff's First Set of Interrogatories addressed to the Defendants.

K. "The Admissions" shall mean the Plaintiff's First Set of Requests for Admissions Directed to the Defendants.

L. "Person" means any natural individual or any corporation, firm, partnership, proprietorship, association, joint venture, governmental entity or any business organization or any other entity.

M. "Document" means any kind of written or graphic material, however produced or reproduced, of any kind or description, whether sent or received or neither, which is in your possession, custody and/or control, including originals, non identical copies, and drafts and both written sides of such material, including but not limited to any and all written, filmed, graphic and audio or visually recorded matter of every kind and description however produced or reproduced, whether draft or final, original or reproduction, whether performed or reproduced or on paper, cards, tapes, film, electronic facsimile, electronic mail, computer storage devices, or any other media, including but not limited to, papers, books, letters, writings, magazines, advertisements, periodicals, bulletins, circulars, pamphlets, statements, notices, reports, rules, regulations, directives, teletype messages, photographs, objects, tangible things, correspondence, telegrams, cables, telex messages, interoffice communications, interoffice communications, memoranda, notes, notations, records, work papers, transcripts, minutes, reports and recordings of telephone or other conversations, or of interviews, conferences, meetings, affidavits, statements, CD ROM, floppy or hard disks, charts, graphs, specifications, drawings, blueprints,

summaries, opinions, proposals, reports, studies, analyses, audits, evaluations, contracts, agreements, covenants, understandings, permits, licenses, journals, statistical records, ledgers, books of account, bookkeeping entries, financial statements, tax returns, vouchers, checks, check stubs, invoices, receipts, desk calendars, appointment books, diaries, lists, tabulations, summaries, time sheets, logs, sound output, microfilms, microfiches, all records kept by electronic, photographic or mechanical means, tapes, computer tapes, tape recordings, computer printouts, input output computer systems and all other informal or formal writing or tangible things on which any handwriting, typing, printing, sound signal impulse or symbol is recorded or reproduced and any and all amendments or supplements to any of the foregoing whether prepared by you or any other person, and all things similar to any of the foregoing documents. If a document is referred to, the reference shall include, but shall not be limited to, the original and each and every copy and draft thereof differing in any way from the original, if an original exists, or each and every copy and draft if no original exists.

N. "Concerning" means relating to, referring to, describing, evidencing, regarding or constituting.

O. "Communication(s)" means any manner of transmitting or receiving information, opinions or thoughts, whether orally, in writing or otherwise.

P. "All documents" means any and all documents as defined above that are known to you or that can be located or discovered by your reasonably diligent efforts.

II. RULES OF CONSTRUCTION

A. "All" and "each" shall be construed as both all and each.

B. The connective "and" and "or" shall be construed either disjunctively or conjunctively as necessary to bring within the scope of the discovery requests all responses that otherwise might be construed to be outside of its scope.

- C. The singular includes the plural and vice versa.

III. INSTRUCTIONS

A. Answer each Request separately and fully unless you object to it, in which case you should specifically state the reason for your objection.

B. To the extent you object in part to any Request, answer that part of the request in question to which no objection is asserted.

C. In answering these Requests, you should furnish all information available to you at the time of answering.

D. Unless otherwise stated, the relevant time period (the "Relevant Period") covering each Request is from January 1, 2004, to the current time.

E. Where precise or exact information, data or dates are not available or known, state approximate information data or dates and state that you have done so.

F. When identifying an individual, state his or her full name; current or last known address; current or last known employer; title or job designation; and an employer and title or job designation at the time of the events referred to in the interrogatory or your answer to it.

G. In addition, state the person whom the individual was representing or for whom the individual was acting, if any.

H. When identifying a business organization or governmental entity, state its name and address and the name and address of each of its agents who acted for it with respect to the matters relating to the Request in question and your relationship with it.

I. Whenever you answer a Request on information and/or belief, state the source of your information and/or the basis for your belief.

J. In each instance where you deny knowledge and/or information sufficient to answer any part of a Request, state the name and address of each person, if any, known or believed to have such knowledge and/or information.

IV. REQUESTS FOR ADMISSION

REQUEST FOR ADMISSION NO. 1

Admit that, beginning in January 2004, OHCA ordered and received from ASD medical and pharmaceutical products on an ongoing basis.

REQUEST FOR ADMISSION NO. 2

Admit that Geddes agreed to act as the full and unconditional surety of the obligations of OHCA to ASD.

REQUEST FOR ADMISSION NO. 3

Admit that, as of May 26, 2005, the total balance due to ASD from OHCA for goods shipped to or for the benefit of OHCA was \$170,531.79.

REQUEST FOR ADMISSION NO. 4

Admit that ASD is entitled to charge interest at the contractual rate of eighteen percent (18%) per annum on each outstanding invoice unpaid by OHCA.

REQUEST FOR ADMISSION NO. 5

Admit that attached as Exhibit "A" hereto is a true and correct itemization of all sums due and owing from OHCA to ASD on account of goods shipped to or for the benefit of OHCA, and an accurate list of outstanding invoices addressed to OHCA.

REQUEST FOR ADMISSION NO. 6

Admit that attached hereto as Exhibit "B" is a true and correct copy of a credit application executed by OHCA.

REQUEST FOR ADMISSION NO. 7

Admit that attached hereto as Exhibit "C" is a true and correct copy of an unconditional guaranty executed by Geddes.

REQUEST FOR ADMISSION NO. 8

Admit that OHCA has made no payments to ASD since May 25, 2005.

REQUEST FOR ADMISSION NO. 9

Admit that Geddes has made no payments to ASD since May 25, 2005.

REQUEST FOR ADMISSION NO. 10

Admit that no other person has made any payments to ASD on behalf or for the benefit of either OHCA or Geddes since May 25, 2005.

REQUEST FOR ADMISSION NO. 11

Admit that ASD invoiced OHCA for medical and pharmaceutical supplies.

REQUEST FOR ADMISSION NO. 12

Admit that OHCA has never objected to the amounts set forth in any of ASD's invoices.

REQUEST FOR ADMISSION NO. 13

Admit that you know of no facts that would constitute an accord and satisfaction between either of the Defendants and ASD.

REQUEST FOR ADMISSION NO. 14

Admit that you know of no facts that would support the claim that ASD failed to satisfy conditions precedent to recovery.

A handwritten signature in black ink, appearing to read "Heath A. Fite", written over a horizontal line.

Heath A. Fite FIT011
Attorneys for Plaintiff
ASD SPECIALTY HEALTHCARE

OF COUNSEL:
BURR & FORMAN LLP
3100 Wachovia Tower
420 North 20th Street
Birmingham, Alabama 35203-5206
Telephone: (205) 251-3000
Facsimile: (205) 458-5100

CERTIFICATE OF SERVICE

I hereby certify that on the 13 day of March, 2006, I served the following by directing the same to their office addresses through first-class, United States mail, postage prepaid and Federal Express:

Raquel Gayle,
Registered Agent for OHCA
Powell Goldstein
1201 West Peachtree Street
14th Floor
Atlanta, GA 30309

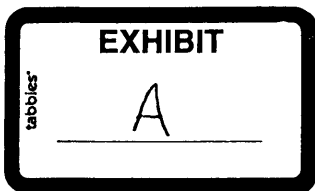
Lloyd G. Geddes, Jr. MD
Oncology Hematology Centers of Atlanta, P.C.
465 Winn Way, Suite 231
Decatur, Georgia 30030


Of Counsel

49792 One Hem Cirs of Atlanta 5-25-05.xls

| ID | Invoice # | Order Date | Pol/Ref # | Due Date | DBT | Invoice Amount | Date Payment Posted | Amount Posted | Balance Due | Account # |
|--------------------------|-----------|------------|-----------|------------|-----|----------------|---------------------|---------------|---------------|-----------|
| 130 | 10706777 | 8/12/2004 | | 10/25/2004 | 212 | \$ 1,418.15 | 5/25/2005 | \$ (290.30) | \$ 1,127.85 | 49792 |
| 130 | 10707361 | 8/13/2004 | | 10/27/2004 | 211 | \$ 328.70 | | \$ - | \$ 328.70 | 49792 |
| 130 | 10709156 | 8/16/2004 | | 10/30/2004 | 208 | \$ 9,151.19 | | \$ - | \$ 9,151.19 | 49792 |
| 130 | 10710895 | 8/18/2004 | | 11/1/2004 | 205 | \$ 1,622.38 | | \$ - | \$ 1,622.38 | 49792 |
| 130 | 10713560 | 8/18/2004 | | 11/2/2004 | 205 | \$ 1,770.00 | | \$ - | \$ 1,770.00 | 49792 |
| 130 | 10712243 | 8/19/2004 | | 11/2/2004 | 205 | \$ 2,757.40 | | \$ - | \$ 2,757.40 | 49792 |
| 130 | 10715147 | 8/23/2004 | | 11/6/2004 | 201 | \$ 927.25 | | \$ - | \$ 927.25 | 49792 |
| 130 | 10717680 | 8/25/2004 | maureen | 11/6/2004 | 199 | \$ 9,735.34 | | \$ - | \$ 9,735.34 | 49792 |
| 130 | 10719826 | 8/27/2004 | | 11/10/2004 | 197 | \$ 5,142.50 | | \$ - | \$ 5,142.50 | 49792 |
| 130 | 10720501 | 8/30/2004 | | 11/13/2004 | 194 | \$ 3,191.05 | | \$ - | \$ 3,191.05 | 49792 |
| 130 | 10723242 | 9/1/2004 | | 11/15/2004 | 192 | \$ 7,149.44 | | \$ - | \$ 7,149.44 | 49792 |
| 130 | 10724489 | 9/2/2004 | | 11/16/2004 | 191 | \$ 115.94 | | \$ - | \$ 115.94 | 49792 |
| 130 | 10725266 | 9/2/2004 | maureen | 11/16/2004 | 191 | \$ 2,798.52 | | \$ - | \$ 2,798.52 | 49792 |
| 130 | 10727521 | 9/7/2004 | | 11/21/2004 | 188 | \$ 3,906.50 | | \$ - | \$ 3,906.50 | 49792 |
| 130 | 10727522 | 9/7/2004 | | 11/21/2004 | 188 | \$ 626.88 | | \$ - | \$ 626.88 | 49792 |
| 130 | 10728783 | 9/8/2004 | | 11/22/2004 | 185 | \$ 6,021.97 | | \$ - | \$ 6,021.97 | 49792 |
| 130 | 10730286 | 9/9/2004 | maureen | 11/23/2004 | 184 | \$ 1,322.70 | | \$ - | \$ 1,322.70 | 49792 |
| 130 | 10730836 | 9/10/2004 | dausha | 11/24/2004 | 183 | \$ 2,647.15 | | \$ - | \$ 2,647.15 | 49792 |
| 130 | 10731325 | 9/10/2004 | maureen | 11/24/2004 | 179 | \$ 8,013.78 | | \$ - | \$ 8,013.78 | 49792 |
| 130 | 10734486 | 9/14/2004 | maureen | 12/6/2004 | 177 | \$ 6,591.70 | | \$ - | \$ 6,591.70 | 49792 |
| 130 | 10740815 | 9/22/2004 | DASHA | 12/6/2004 | 159 | \$ 340.55 | | \$ - | \$ 340.55 | 49792 |
| 130 | 10742527 | 9/24/2004 | | 12/8/2004 | 169 | \$ 6,078.28 | | \$ - | \$ 6,078.28 | 49792 |
| 130 | 10743149 | 9/27/2004 | | 12/11/2004 | 166 | \$ 8,311.95 | | \$ - | \$ 8,311.95 | 49792 |
| 130 | 10743719 | 9/29/2004 | | 12/13/2004 | 164 | \$ 4,945.91 | | \$ - | \$ 4,945.91 | 49792 |
| 130 | 10748426 | 9/30/2004 | | 12/14/2004 | 163 | \$ 122.10 | | \$ - | \$ 122.10 | 49792 |
| 130 | 10750068 | 10/4/2004 | | 12/18/2004 | 159 | \$ 5,153.94 | | \$ - | \$ 5,153.94 | 49792 |
| 130 | 10750069 | 10/4/2004 | | 12/19/2004 | 158 | \$ 5,209.79 | | \$ - | \$ 5,209.79 | 49792 |
| 130 | 10751408 | 10/5/2004 | | 12/19/2004 | 158 | \$ 1,424.85 | | \$ - | \$ 1,424.85 | 49792 |
| 130 | 10754820 | 10/8/2004 | | 12/22/2004 | 155 | \$ 9,731.89 | | \$ - | \$ 9,731.89 | 49792 |
| 130 | 10754921 | 10/8/2004 | | 12/22/2004 | 155 | \$ 155.89 | | \$ - | \$ 155.89 | 49792 |
| 130 | 10758119 | 10/11/2004 | | 12/25/2004 | 152 | \$ 6,115.94 | | \$ - | \$ 6,115.94 | 49792 |
| 130 | 10757380 | 10/12/2004 | | 12/29/2004 | 148 | \$ 3,276.53 | | \$ - | \$ 3,276.53 | 49792 |
| 130 | 10758486 | 10/15/2004 | | 12/29/2004 | 148 | \$ 5,657.18 | | \$ - | \$ 5,657.18 | 49792 |
| 130 | 10753808 | 10/19/2004 | | 12/22/2005 | 144 | \$ 3,599.73 | | \$ - | \$ 3,599.73 | 49792 |
| 130 | 10765341 | 10/21/2004 | | 11/2/2005 | 142 | \$ 3,909.11 | | \$ - | \$ 3,909.11 | 49792 |
| 130 | 10767155 | 10/22/2004 | | 11/2/2005 | 141 | \$ 11,057.24 | | \$ - | \$ 11,057.24 | 49792 |
| 130 | 10768385 | 10/25/2004 | | 11/8/2005 | 138 | \$ 529.43 | | \$ - | \$ 529.43 | 49792 |
| Total Principle Balance | | | | | | | | | \$ 155,028.90 | |
| Total Interest (average) | | | | | | | | | \$ 15,502.89 | |
| Total Balance to Collect | | | | | | | | | \$ 170,531.79 | |

Statement 5-25-05



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ONCOLOGY SUPPLY

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Credit Application Page Two

Please review, sign, and return the acknowledgment pages along with this application.

This application and the information contained herein is a request for the extension of credit for commercial business use only and applicant certifies that the firm he represents is doing business as a: (please check one)

Corporation ☒ Partnership ☐ or Sole Proprietorship ☐.

The applicant authorizes the above named creditor to obtain written or oral credit reports from any credit reporting agency. The applicant further authorizes any bank or commercial business with whom the applicant is doing or has done any business with to give any and all necessary information to the creditor which will assist creditor in the credit investigation. The applicant further authorizes the creditor to reinvestigate the applicant's credit status from time to time as the creditor deems necessary and should notify upon each reinvestigation deems it necessary to limit or terminate the credit arrangement with applicant. said applicant shall be notified in writing as to any adverse action. Upon approval of this application for credit, said applicant will be notified in writing along with the creditor's terms of sale and should applicant at some future time deviate from the creditor's terms of sale, said creditor reserves the right to terminate future extension of credit with applicant.

Important

If credit is extended, I (we) agree to pay Creditor all debts incurred within creditor's terms of sale.

I (we) expressly waive all right of exemption under the constitution and laws of the State of Alabama and any other state, as to personal property and I (we) agree to pay all costs of collection or attempting to collect or secure any and all debts which I (we) now owe or which I (we) may in the future owe creditors for goods sold to me (us) or for services rendered including a reasonable attorney's fee on the unpaid debt so long as any of said indebtedness is due and unpaid, and I consent and agree to the jurisdiction of the laws of the State of Alabama governing the collection of any and all debts. I also agree to pay a FINANCE CHARGE OF 1 5/8 PERCENT PER MONTH/ANNUAL PERCENTAGE OF 18 1/2% on any unpaid past due balance. Creditor is hereby authorized to deliver goods or perform services for the following at my (our) request and charge same to my (our) account and this shall continue until written notice to the contrary is given and accepted, which acceptance shall be evidenced by signature of creditor.

Applicant's Signature: David H. Sedberry, Jr.Title: Owner / CEO

Applicant's Signature: _____

Title: _____

Witness my (our) hand(s) this the ____ day of _____

Witness: _____

Date: _____

Please forward a copy of your current physician state license and your current DEA registration. Failure to do so will delay shipping of any pending orders. Copies may be faxed.

This is a federal requirement.

State Physicians' license #: Exp. Date: 12/31/2003DEA Form #: Exp. Date: 09-30-2004

Please note that we now offer electronic fund transfers with a 1% discount off your total order at the time of purchase. See attached sheet for further information.

Also, if you choose to use our e.f.t. system or pay by credit card, the name Bergen Brunswick will appear on your statement.

All of the above information is for file purposes only and will be held in strictest confidence.

EXHIBIT**B**

tabbies

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ONCOLOGY SUPPLY

0002

ONCOLOGY SUPPLY

P.O. BOX 3001 • DOTHAN, AL 36302
Tel: (205) 552-7555 • Fax: (304) 545-2205

APPLICATION FOR NEW ACCOUNT

The following is an application for credit with ONCOLOGY SUPPLY COMPANY. Also known as creditor within the general provisions of this application. *Yusuf*

1. Company Information

| | | | |
|--|------------|--|---|
| Tax ID Number | | Firm or Corp. Name | |
| [REDACTED] | | Oncology + Hematology Centers of Atlanta | |
| Street Address | | | |
| 465 Winn Way Suite 231 | | | |
| P.O. Box | City | County | State |
| | Decatur | Dickens | Georgia |
| Zip | 30030 | | |
| Telephone Number | Fax Number | Was Established | Is Business Incorporated? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If so, under laws of what state? | | | |
| Billing Address (if different from above): | | | |
| Same | | | |
| City | State | Zip | Phone No |
| | | | |
| Parent Company | | Street Address | |
| | | | |
| P.O. Box | City | State | Zip |
| | | | |
| Full Names of Officers, Partners and/or Proprietors: | | Title | |
| Lloyd G. Geddes, Jr., MD | | Owner - CEO | |

Please indicate the estimated monthly purchases from Oncology Supply Company (This will help us to determine the credit amount)

Monthly Amount: \$50,000 - 75,000.00/mo.

Payment terms:

Does your firm use purchase order numbers?

Yes ☒ No ☐

Is your business a member of a GPO?

Yes ☒ No ☐

If so, which GPO?

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2. Bank References

| | | |
|-------------------------|--------------|--------------|
| Bank Name | Account # | Contact |
| Sun Trust Bank, Atlanta | [REDACTED] | Daniel Vance |
| Address | City | State |
| | Atlanta | Georgia |
| Zip | Phone | |
| | 404-728-1204 | |

3. Credit References

| | |
|--------------|---------|
| Company Name | Contact |
| | |
| Address | City |
| | |
| State | Zip |
| | |
| Phone | |
| | |
| Company Name | Contact |
| | |
| Address | City |
| | |
| State | Zip |
| | |
| Phone | |
| | |

State license & DEA permit required for all accounts

Please be advised: Ship to address must match address on your DEA application for contract verification

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ONCOLOGY SUPPLY

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Legal Name: Oncology + Hematology Centers of Atlanta
 D.B.A. 3/1/02

Shipping address business type (please choose most applicable):

☐ Dialysis/Nephrology ☒ Oncology/Hematology
☐ Hospital ☐ Individual (Patient)
☐ Hospital Outpatient Clinic ☐ Surgery Center
☐ Wholesaler/Distributor ☐ Home Health Care
☐ Physician - Please provide specialty _____
☐ Other - Please specify _____

Sales tax information (please choose only one):

☐ Federal Government (provide exemption documentation)F
☐ State/Local Government (provide exemption certificate)G
☐ Not for Profit (provide exemption certificate or IRS Determination Letter)N
☐ Retailer (provide Resale Certificate)R
☐ Wholesaler (provide Resale Certificate)W
☒ Physician (provide resale certificate, if applicable)P
☐ Other For Profit Healthcare - Nontaxable (resale certificate, if applicable)H
☐ Other For Profit Healthcare - Taxable Y
☐ All Others - Taxable Y

OSC frequently uses e-mail to efficiently deliver important information to our accounts. Please enter a general e-mail address for your office that we should send general correspondence to (i.e., shipment notification, recall notices, backorder status, special offers, etc)

e-mail address: _____

Signed: _____ Title: _____

Print Name: _____ Date: _____

Telephone: 888-877-8430
 Facsimile: 800-248-8205

06/12 09/02

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ONCOLOGY & HEMATO CENTERS
ONCOLOGY SUPPLY

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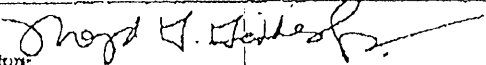
ONCOLOGY SUPPLY

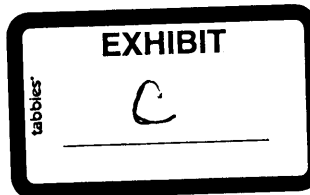
40992

P.O. Box 2001 • Dothan, AL 36302 • Ph: (800) 633-7555 • Fax: (800) 258-8205

PROPRIETOR GUARANTY

By signing this Application, I acknowledge that I have personally guaranteed the debts and obligations of my business and agree that I am personally obligated to perform all of the terms of, and make all payments to Oncology Supply Company required by, the credit application of which this agreement is part.

| | | | |
|--|---------|-----------|------------------------|
| Lloyd | G. | Geddes | [REDACTED] |
| First Name | Initial | Last Name | Social Security Number |
| [REDACTED] | | | [REDACTED] |
| Present Home Address | | | Home Phone Number |
| Decatur | Georgia | 32030 | |
| City | State | Zip | |
|  Authorized Signature | | | 1/28/04 Date |
| (If you wish to inquire upon multiple owners, you must have authorized access for each individual) | | | |
| | | | |
| First Name | Initial | Last Name | Social Security Number |
| Present Home Address | | | Home Phone Number |
| City | State | Zip | |
| Authorized Signature | | | Date |



A DIVISION OF ASD SPECIALTY EQUIPMENT